

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 8327

Title: Parathyroid carcinoma in pregnancy

Reviewer code: 02669968

Science editor: Song, Xiu-Xia

Date sent for review: 2013-12-26 10:19

Date reviewed: 2013-12-31 16:47

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is an interesting subject. However, there are several specific questions to be addressed by the authors.

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 8327

Title: Parathyroid carcinoma in pregnancy

Reviewer code: 01350278

Science editor: Song, Xiu-Xia

Date sent for review: 2013-12-26 10:19

Date reviewed: 2014-01-23 07:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Major concerns: This is a case report of parathyroid carcinoma with 2 consequent pregnancies. However the details of the diseases and pregnancy are missing. For example, how severe and how early and how long the hyperemesis gravidarum were presented in the patient? How long after delivery the first surgery was carried out? How frequent of the follow-up after first surgery? Time interval of the second pregnancy? Any hyperemesis gravidarum in the second pregnancy? As mentioned in the discussion, parathyroid carcinoma in pregnancy is associated with significant neonatal morbidity and mortality in the literature. The difference between this case with the literature had not been fully described and compared. Only neonatal convulsion right after birth was described, but what then? It is commented that this case had 2 consequent pregnancies with "good outcome", pregnancy and/or perinatal? Please include details and explain the differences. Is it because of small tumor, lower PTH, complicated with hyperthyroidism, or else? Regarding the treatment, it has not been fully discussed as well. It seems the authors only focus on diagnosis but not much in clinical management. If parathyroid cancer is diagnosed in postpartum period, surgery as the first choice is not justified in the discussion. What will be the difference in the treatment of those literature and their outcome and prognosis? Poor prognosis to the patient, pregnant patient only or both non-pregnant subjects? Minor concerns: 1. Please provide full name of USG, PHD and MEN before the abbreviations were used in the abstract and context. Particular MEN which was never described in context. 2. There are many typo and grammatical mistakes throughout the manuscript, e.g. form, until recently unknown, caring risk, solved by hydration, prior surgery, 3. There are many medical terms are incorrect, e.g. hyperfunctioning, without breaking it through, 4. Figure 5 is missing, malignant cells surrounding blood vessels require a picture, detailed description of figure 6 and 7 are



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ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 8327

Title: Parathyroid carcinoma in pregnancy

Reviewer code: 02485329

Science editor: Song, Xiu-Xia

Date sent for review: 2013-12-26 10:19

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

this manuscript needs major revisions

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 8327

Title: Parathyroid carcinoma in pregnancy

Reviewer code: 00503222

Science editor: Song, Xiu-Xia

Date sent for review: 2013-12-26 10:19

Date reviewed: 2014-01-23 23:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Although this is a rare problem and even rarer in pregnancy, this manuscript does not add anything to our knowledge of the process or its treatment. There are many questions as to why the problem was managed in the way that it was and whether it could have been handled better. There may be valuable lessons here but they are not mentioned by the authors. Specific comments: Abstract The term PHD is not defined. I did not understand it except that I assume it is the pathology report from the context – but I could be wrong. Introduction The genetic issues discussed in the introduction are not relevant to the case report unless such studies were carried out on the patient's tissue, in which case it should be mentioned in the manuscript. If they are include they would more appropriately be placed in the discussion. You should not use exclamation marks. It is sufficient to state that carcinoma was found in a "surprisingly high" percentage. Case report Figure 1: The adenoma on ultrasound is described typical but in then figure legend it is "atypical". Do the authors mean a typical adenoma? Also what is USG? I did not understand the term anisomacronucleosis. This case report is presumably aimed at clinicians and not only pathologists, so this term should not be included without a definition of what it means. The histology seems to be describing parathyroid carcinoma with capsular and vascular invasion. Why was this diagnosis not made initially? The patient had removal of all parathyroid tissue. Does this mean she had a total parathyroidectomy? Please state if this is so. Why was this done? Was the patient tested for a germline HRPT2 mutation? In the presence of this mutation, carcinoma can develop in other parathyroid glands causing hypercalcemia without metastases, which could explain what happened in this patient (the possibility of germline mutations causing carcinoma in other glands should be mentioned in the discussion). How many parathyroid glands were identified clinically and histologically when "all

parathyroid tissue" was removed? How do the authors explain the persistent hypercalcemia after the 4th operation? Was another PET Ct done? Discussion There is no description of the findings in other patients with carcinoma in pregnancy. The authors should construct a table listing the clinical and pathological characteristics and clinical outcomes for the other patients described in order to try to find features of the disease that could help identify it in the future. The treatment for parathyroid carcinoma is surgery – this is obvious and need not be stated. However, the interesting question is how extensive should the surgery be? This must be addressed in the discussion section. If there is any lesson to be drawn from this and other cases in the literature, it is that parathyroid carcinoma can occur in very young patients. This case suggests that this is especially so when the histology is not typical. Any unusual parathyroid histology should be reviewed, and re-resection should be done if there is suspicion for carcinoma and that pregnancy should not be a reason for withholding aggressive surgery. ? The authors do not mention if there were systemic problems – bone, renal, pancreatic What was the size of the tumor? Was there extension beyond the adenoma in the original tumor? Were there trabecular pattern, mitotic figures, thick fibrous bands, capsular and vascular invasion, which are all histologic findings suggestive of parathyroid carcinoma?

ESPS Peer-review Report

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 8327

Title: Parathyroid carcinoma in pregnancy

Reviewer code: 00505149

Science editor: Song, Xiu-Xia

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The manuscript entitled “Parathyroid carcinoma in pregnancy” has reported a case of 24-year-old female patient with parathyroid carcinoma and two consequent pregnancies with good outcome, which may provide useful information for clinic implication. However following concerns are needed the authors addressed. 1) Couple of the questions answered by the authors are confused. For example, It there plagiarism in your manuscript?—the authors’ answer “Yes” Are there any fabricated or falsified data in your manuscript?---the authors’ answer “yes” Please confirm if they are right!! 2) ABSTRACT: a few of the scientific terms such as USG, PHD, MEN which are needed to define in the abstract. 3) Too many typo errors throughout the manuscript. e.g. „masque “; itself s; 4) All of the figures are needed figure legends to describe the figures in detail. For example, in figure 1, what is the blue or red color meaning? 5) Please check the references format carefully. e.g. “1998 ;” should be “1998;”